High Carbohydrate Diet Prior to Oral Glucose Tolerance Tests (greater than or equal to 150 GM CHO)

General Description

The oral glucose tolerance test (OGTT) is used to measure abnormal tolerance, gestational diabetes or hypoglycemia. When carbohydrate intakes are greater than or equal to 150 gm per day prior to the administration of the glucose challenge, the OGTT can produce abnormal glucose tolerance results. A diet greater than or equal to 150 gm total carbohydrate should be consumed for three days prior to administration of the OGTT[1]. In addition, this diet should provide adequate protein and calories for maintenance needs.

Indications for Use

The high carbohydrate diet is indicated for three days prior to an OGTT to ensure reliable test results.

Nutritional Adequacy

The high carbohydrate diet is indicated for three days prior to an OGTT to ensure reliable test results.

Guidelines

1. Provide greater than or equal to 150 gm per day carbohydrate intake for three days prior to an OGTT[1].
2. During the 10-16 hour fast prior to the OGTT, avoid non-nutritive beverages containing caffeine (diet colas, black coffee, plain tea)[2]. A reasonable amount of water is permitted during this period[3].

Suggested Meal Plan

Breakfast	Lunch	Dinner
Juice	Meat or Substitute	Meat or Substitute
Cereal	Potato or Substitute	Potato or Substitute
Egg or Substitute	Vegetable	Vegetable
Toast	Salad with Dressing	Salad with Dressing
Margarine	Dessert or Fruit Ice	Dessert or Gelatin
Jelly	Fresh Fruit	Bread
Milk	Bread	Margarine
Beverage	Margarine	Milk
	Milk or Lemonade	Beverage
	Beverage	

High Carbohydrate Diet

References

1. National Diabetes Data Group. Classification and Diagnosis of Diabetes Mellitus and Other Categories of Glucose Intolerance. Diabetes, 28:1039-1057, 1979.
2. Jankelson, O., Beasar, S., Howard, F., and Mayer, J. Effect of coffee on glucose tolerance and circulating insulin in men with maturity-onset diabetes. Lancet, 1:527-529, 1967.
3. Weiner, K. The diagnosis of diabetes mellitus, including gestational diabetes. Ann Clin Biochem, 29: 481-493, 1992.